

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000017857

**FILED**  
**Mar 05, 2007**  
**Secretary of State**

**Entity Name:** DAVIS'S FLOORING MASTERS LLC

**Current Principal Place of Business:**

12 CONCORDIA BLVD  
PENSACOLA, FL 32505 US

**New Principal Place of Business:**

519 CARY MEMORIAL DR  
PENSACOLA, FL 32505 US

**Current Mailing Address:**

12 CONCORDIA BLVD  
PENSACOLA, FL 32505 US

**New Mailing Address:**

519 CARY MEMORIAL DR  
PENSACOLA, FL 32505 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DAVIS, RANDALL L JR  
8491 OLD SPANISH TRAIL RD  
APT 138Q  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

DAVIS, RANDALL L JR  
519 CARY MEMORIAL DR  
PENSACOLA, FL 32505 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RANDALL DAVIS

03/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: DAVIS, RANDALL L JR  
Address: 519 CARY MEMORIAL DR  
City-St-Zip: PENSACOLA, FL 32505 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RANDALL DAVIS

MGR

03/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date